

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

22390 U.S. PTO
10/731975



Attorney Docket No.		0901-0002-C1			
First Inventor or Application Identifier:		Oskorep			
Title:		Year-Round Decorative Lights With Selectable Holiday Color Schemes			
Express Mail Label No.:					
Application Elements <small>(See MPEP chapter 600 concerning utility patent application contents)</small>		ADDRESS TO: Mail Stop Patent Applications Commissioner for Patents P.O. Box 1450 Alexandria, VA 2233-1450			
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>21</u>] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> • Descriptive title of the Invention • Cross References to Related Applications • Statement Regarding Fed sponsored R&D • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings (if filed) • Detailed Description • Claim(s) • Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>7</u>] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>2</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <small>(for continuations/divisional with Box 17 completed)</small> <small>[Note Box 5 below]</small> i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.					
		6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement Verifying identity			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">ACCOMPANYING APPLICATION PARTS</th> </tr> <tr> <td> 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (Form 1449) Citations 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (CPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement Status is still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> OTHER: Express Mail Certification <input checked="" type="checkbox"/> Check # <u>1021</u> (\$ 355.00) </td> </tr> </table>		ACCOMPANYING APPLICATION PARTS	8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (Form 1449) Citations 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (CPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement Status is still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> OTHER: Express Mail Certification <input checked="" type="checkbox"/> Check # <u>1021</u> (\$ 355.00)
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17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: Prior application information: Examiner: _____ Group/Art Unit: _____					
18. CORRESPONDENCE ADDRESS					
TM Customer Number () Or Bar Code Label OR TM Correspondence Address Below					
NAME		ATTN: John J. Oskorep			
ADDRESS		One Magnificent Mile Center 980 N. Michigan Avenue, Suite 1400 Chicago, Illinois 60611			
Telephone: 312-222-1860		Fax No.: 312-214-6303			
Name (print/type)		JOHN J. OSKOREP			
Signature		 Date <u>10 Dec 2003</u>			
		Registration No.: (Attorney/Agent) 41,234			

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16610 U.S. PTO
 121003

FEE TRANSMITTAL

Attorney Docket No.	0901-0009-C1
First Named Inventor:	Oskorep
Application Number	not yet assigned
Filing Date:	not yet assigned
Examiner Name:	not yet assigned
Group/Art Unit:	not yet assigned

TOTAL AMOUNT OF PAYMENT:	\$ 385.00
METHOD OF PAYMENT (check One)	1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:
	Deposit Account No.:
	Deposit Account Name:
	<input type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other	

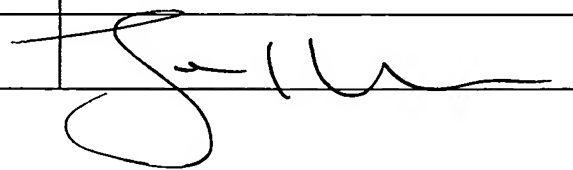
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 770.00	\$385.00	\$ 385.00
Total Claims	27 - 20 =	7	X \$ 18.00	X \$ 9.00	\$ 0.00
Independent Claims	3 - 3 =	0	X \$ 86.00	X \$ 43.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)		0	\$ 290.00	\$145.00	\$ 0.00
Total of above Calculations =					\$ 385.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 340.00	\$ 170.00	\$ 0.00
Reissue filing fee	\$ 770.00	\$ 385.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$ 0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Assignment Recordation	\$ 40.00	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$ 0.00

Name (print/type)	John J. Oskorep	Registration No.: (Attorney/Agent)	41,234
Signature		Date	10 Dec 2003

"EXPRESS MAIL" MAILING LABEL NO. EV 300425913 US

DATE OF DEPOSIT: 10 Dec 2003

**I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
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37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED
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ALEXANDRIA, VA, 22313-1450.**

John J. Oskorep

NAME



SIGNATURE